



GOVERNOR'S PUBLIC HEALTH COMMISSION

Listening Tour Summary

Listening Tour Locations Represented in Summary: Seymour, Monticello, Whiting, and Plainfield

Total Number of Attendees: 95

Counties Represented (number of attendees): Bartholomew (1), Boone (3), Carroll (1), Cass (1), Clark (1), Clinton (1), Elkhart (1), Floyd (1), Hamilton (5), Hendricks (5), Jackson (5), Jeff City (1), Johnson (1), Lake (19), LaPorte (1), Madison (1), Marion (18), Morgan (1), Nashville (1), Orange (1), Porter (4), Pulaski (2), Ripley (2), Scott (1), Shelby (1), St. Joseph (1), Tippecanoe (10), Vanderburgh (1), Warren (1), Washington (1), White (1)

No. of Comments	Topic	Comment Summary
25	Public health funding	<ul style="list-style-type: none"> • Need more sustained/unrestricted funding for local public health departments to limit reliance on grant funding (10) • Recommend more sustained investments in preventive health measures and early interventions to help improve lives and avoid costly medical interventions (e.g., education, pre/post-natal care, PCP visits, tobacco cessation, oral health, health screenings, immunizations) (6) • Need more funding and access to mental health services (4) • Need more funding for prevention services focused on long-term care outcomes (2) • Need more investments in upstream, SDOH initiatives such as workforce development, accessible housing, and education (1) • Encourage more funding and expansion of community mental health centers in Indiana (1) • Request to have continued funding for local health departments, e.g., funding received during COVID that was extremely beneficial to providing needed services (1)
24	Workforce	<ul style="list-style-type: none"> • Concerned with the workforce crisis among healthcare/public health staff (LHD staff, staff working with people with intellectual and developmental disabilities, nursing home staff, home & community-based services, child and family welfare workers) leading to burnout and decreased access to services (7) • Recommend increased salaries/benefits for public health workforce not reliant on grant (can't compete with private sector) (5)

No. of Comments	Topic	Comment Summary
		<ul style="list-style-type: none"> • Need training support from IDOH for new public health workforce (e.g., more education/advanced clinical knowledge is needed for the infection prevention (IP) workforce) (2) • Need funding to increase/build a new public health workforce (2) • Difficulty obtaining advice/direction from IDOH on infection prevention expertise for hospitals, schools, businesses, etc. which was a big need during the pandemic (1) • Request to maintain infection prevention workforce after CDC funding ends in 2023 (1) • Recommend IDOH hire additional staff to provide leadership in the area of healthy aging prevention and disease programs (1) • Need workforce that can support health data standards and strengthen the continuum of care (1) • Propose creating a statewide nursing residency program that partners FQHCs with graduate programs to address primary care shortage (1) • Request IDOH look at the Professional Licensing Agency and the length of time it takes to get a license for healthcare professionals, which creates a big impediment to accessing healthcare workforce (1) • Request partnership/support from IDOH to help support collaborations between health systems and health departments to advance urban medicine programs for students to help train and retain them in the healthcare workforce (1)
24	Public health resources/support	<ul style="list-style-type: none"> • Provided praise/gratitude for IDOH/state's leadership in handling the pandemic (e.g., providing resources, funding, dashboards, communications, etc.) (13) • Request continued support for emergency management (3) • Recommend that public health entities increase awareness to local communities of what public health is and why it's important (2) • Need more support for school-based clinics, especially in rural counties where healthcare options are scarce (1) • Recommend that every public health initiative include people with disabilities (1) • Recommend tailoring public health approaches to urban and rural counties (a blanket public health approach doesn't work when applied to both places) (1) • Recommend additional support for Child Protective Services and Adult Protective services, which are limited in resources and support (1) • Recommend formalized orientation for local health offices and new administrators (1)

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		<ul style="list-style-type: none"> • Recommend implementing a vaccination incentive program (1)
19	Adolescent/childhood health	<ul style="list-style-type: none"> • Because of the stressors of the past two years, youth mental health is a public health crisis that requires immediate attention (7) • Need to continue addressing fetal infant mortality (4) • Residential treatment provides essential services that cannot be given at outpatient clinics; need to ensure residential care for children with SMI (2) • Providing healthcare services that treat the whole child (physical, social, and mental) is critical to the health of IN children (2) • Need to address the developmental delays that students are experiencing due to the pandemic (2) • Need funding for early interventions for children ages 0-5, such as speech and social skills (1) • Need funding for counselors, nurses, and qualified educators at all levels (1)
17	Other	<ul style="list-style-type: none"> • It is essential to address health inequities in the state which have been exacerbated by the pandemic (4) • Request more focus on SUD programming as Substance Use Disorders are at crisis levels around the state (3) • Recommend that public health department focus more on the promotion of exercise and healthy eating as a foundation for a healthier life (2) • Request that LHDs have more legislative advocacy/legal support (2) • Request that IDOH increase focus on addressing social determinants of health (2) • Need to support transportation programs and expand infrastructure that provides access to care, especially for vulnerable populations (2) • Recommend increased evaluations of local grocery stores, examining quality of food offered and access issues (1) • Recommend additional support for programming around STDs and HIV (1)
16	Opposition to public health authority and mandates	<ul style="list-style-type: none"> • Opposed to public health authority making mandates (e.g., vaccines, masks) (9) • Opposed to public health departments delivering medical services (should provide education and public health services only) (6) • Recommend that the Commission investigate the adverse effects from the COVID-19 vaccine that are not sufficiently being reviewed by the FDA and CDC (1)

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13	Governance/Infrastructure	<ul style="list-style-type: none"> • Recommend increased efficiencies around bureaucratic processes for contracting/grant funding that delay public health programs because of required paperwork (5) • Recommend implementation of comprehensive laws around environmental tobacco pollution, raising taxes on tobacco products, and adopting policies barring young people from vaping to drive down tobacco use in the State (4) • Recommend using person-first language in all aspects of public life, e.g., policy, healthcare, etc. (1) • Recommend pursuing a surveillance system and increased laboratory capabilities to be prepared for the next pandemic (1) • Recommend centralization of Local Health Departments (LHDs) to reduce overhead for HR, communication materials, and recruitment (1) • Recommend increased/better communication between state and local health departments so there is better understanding of the struggles that local health departments experience at the state and local levels (1)
12	Data/integration	<ul style="list-style-type: none"> • Expressed concern with personal information being available through electronic medical records (5) • Need better connectivity and access to the Indiana Health Information Exchange for local health departments (2) • Recommended to invest in more robust data systems, data resources, and data training that is accessible to local health departments (1) • Request to include people with intellectual and developmental disabilities in healthcare data, include reporting on disparities, and share with stakeholders (1) • Recommend connecting nursing home and local health department data, as they are not well integrated (1) • Important for public health and health care data systems to be connected to be able to better respond to emergencies (1) • Recommend continuing the flow of overdose data between IDOH and the Coroner's office to accurately reflect the impact of the opioid epidemic in IN communities (1)
12	Partnerships/collaborations	<ul style="list-style-type: none"> • Recommend supporting and encouraging collaborations across disciplines (e.g., hospitals, public safety, academic, FQHC, coroners, local schools, veterinary, funeral homes,

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		<p>Homeland Security, emergency preparedness, etc.) as they are essential to a sustainable response to public health issues (10)</p> <ul style="list-style-type: none"> • Recommend building partnerships with community-based organizations as they understand the needs and motivations of their communities best (1) • Recommend LHDs partner with undergraduate and graduate public health programs (1)